

BEST AVAILABLE COPY

<b>CLAIMS ONLY</b>						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
<b>CLAIMS</b>									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/					51			
2	/					52			
3	/					53			
4	/					54			
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39	/					89			
40	/					90			
41	/					91			
42	/					92			
43	/					93			
44	/					94			
45	/					95			
46	/					96			
47	/					97			
48	/					98			
49	/					99			
50	/					100			
TOTAL IND.	4					TOTAL IND.			
TOTAL DEP.	31					TOTAL DEP.			
TOTAL CLAIMS	35					TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS